

Docket No.  
0152.00413

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

### METHOD AND ASSAY FOR DIAGNOSING SUBSTANCE DEPENDENCY

the specification of which

(check one)

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as United States Application No. or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Day/Month/Year Filed)

☐

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Day/Month/Year Filed)

☐

\_\_\_\_\_  
(Number)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Day/Month/Year Filed)

☐

60/215,506	06/30/00
(Application Serial No.)	(Filing Date)
(Application Serial No.)	(Filing Date)
(Application Serial No.)	(Filing Date)

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

Form PTO-SB-01 (6-95) (Modified)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

**Kenneth I. Kohn, Reg. No. 30,955**

**Amy E. Rinaldo, Reg. No. 45,791**

Send Correspondence to: **Kenneth I. Kohn, KOHN & ASSOCIATES**  
**30500 Northwestern Highway, Suite 410**  
**Farmington Hills, 48334**

Direct Telephone Calls to: *(name and telephone number)*

**Kenneth I. Kohn (248) 539-5050**

Full name of sole or first inventor <b>Terence C. Town</b>	
Sole or first inventor's signature	Date
Residence <b>11505 N. Ola Avenue, Tampa, Florida 33612</b>	
Citizenship <b>USA</b>	
Post Office Address <b>Same as above.</b>	

Full name of second inventor, if any <b>Laila Abdullah</b>	
Second inventor's signature	Date
Residence <b>14307 Wedgewood Drive #18, Tampa, Florida 33613</b>	
Citizenship <b>Pakistan</b>	
Post Office Address <b>Same as above.</b>	

Full name of third inventor, if any <b>Michael Mullan</b>	
Third inventor's signature	Date
Residence <b>15209 Plantation Oaks Dr. #7, Tampa, Florida 33647</b>	
Citizenship <b>United Kingdom</b>	
Post Office Address <b>Same as above.</b>	

Full name of fourth inventor, if any <b>John Andrew Schinka</b>	
Fourth inventor's signature	Date
Residence <b>703 Warren Road, Lutz, Florida 33549</b>	
Citizenship <b>USA</b>	
Post Office Address <b>Same as above.</b>	

Full name of fifth inventor, if any	
Fifth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of sixth inventor, if any	
Sixth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	